LONG-TERM CARE

PROVIDER BULLETIN

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Contents

Coming Soon: LTC Online Portal Enhancements for PASRR Level 1 (PL1) Screening and PASRR Evaluation (PE) Forms

Beginning July 2023, the Texas Medicaid & Healthcare Partnership (TMHP) Long-Term Care (LTC) Online Portal will be modified to enhance the Preadmission Screening and Resident Review (PASRR) Level 1 (PL1) Screening and PASRR Evaluation (PE) forms.

The enhancements will improve the usability and functionality of the forms when identifying potentially PASRR-eligible individuals, and recommend appropriate specialized services. Information about these upcoming changes will be available in future articles on the TMHP website.

Account Preparation and Additional Resources

No LTC Online Portal account adjustments need to be made by providers to prepare for these changes; however, PASRR providers that do not have an LTC Online Portal account need to create an account. For assistance with LTC Online Portal account setup, call TMHP at 800-626-4117 (select option 3.) Additionally, TMHP encourages providers to visit the TMHP Long-Term Care web page for recent news, reference materials, education opportunities, and bulletins.

For more information, contact the TMHP LTC Help Desk at 800-626-4117 (select option 1, and then option 7.) ■

Clarification on HCS and TxHmL IPCs Status in "Pending DADS Review"

Since May 2, 2022, Home and Community-based Services (HCS) and Texas Home Living (TxHmL) program providers, Local Intellectual or Developmental Disability Authorities (LIDDAs), and financial management services agencies (FMSAs) billing on behalf of consumer-directed services (CDS) have been submitting forms and claims to the Texas Medicaid & Healthcare Partnership (TMHP). In response to questions and concerns related to the processing of Individual Plan of Care (IPC) forms, the Texas Health and Human Services Commission (HHSC) is clarifying the actions required of submitters and how these actions run parallel to processes in the Intellectual Disability (ID) Client Assignment and Registration System (CARE).

Renewal and Revision IPCs

Renewal and Revision IPCs possessing the status of either "Pending DADS Review" or "Pending Coach Review" require action from the submitter. This action is typically the submission of supporting documentation. The IPC will not be reviewed until action is taken. This is the same process which is in place for "Exceeds" flags in ID-CARE.

A packet submitted to Utilization Review (UR) must include:

- IPC Cover Sheet (form 8599, which can be found at the Form 8599, Individual Plan of Care (IPC) Cover Sheet page on the Texas Health and Human Services (HHS) website)
- Copy of signed IPC, all pages
- Person-Directed Plan
- Implementation Plans for all services on the IPC (including breakdown of nursing and behavior hours, if requesting)

A packet may need to include, depending on the services requested:

- Comprehensive Nursing Assessment (Form 8548 or a form with all of the same elements) for nursing hours
- Occupational Therapy (OT) evaluation, treatment plan, or assessment (include orders) for OT hours
- Physical Therapy (PT) evaluation, treatment plan or assessment (include orders) for PT hours
- Speech/Language Therapy evaluation, plan or assessment (include orders) for Speech hours
- Dietary evaluation for dietary hours (include orders)
- Dental treatment plan, if applicable
- Behavior Support Plan for Behavioral Support hours that meets HHSC criteria
- PAS/Hab (Personal Assistance Services/Habilitation) Assessment (form 8510) for PAS/Hab hours
- Transportation Plan (form 3598) for Transportation hours
- Audiology Treatment plan (and orders), if applicable
- Cognitive Rehabilitation Therapy plan, if applicable (in HCS)
- Support Consultation plan, if applicable (in HCS)
- Social Work plan, if applicable (in HCS)
- All documentation for Adaptive Aids, if requesting, including the following:
  - A list of items to be purchased, the number of each item needed, and the cost (based on the lowest bid) for each item.
  - Three bids for each item. Bids from online vendors are acceptable. If using an annual vendor, three bids are needed only if an item costs $500 per month or more; otherwise, an annual vendor bid can be submitted.
  - Proof of Medicaid denial and professional recommendations, as required in Appendix VII of the HCS Program Billing Requirements.
  - Please see Section 6100 of the HCS Billing Requirements for more information.
- All documentation for Minor Home Modifications, if requesting, including the following:
  - Specifications from a recommendation by a licensed professional.
  - 3 bids based on the specifications.
- Please see Section 6200 of the HCS Billing Requirements for more information.

Enrollment and Transfer IPCs

Enrollment and transfer IPCs remain in "Pending DADS Review" while the enrollment or transfer is being processed.

Enrollment IPCs may require additional documentation to be submitted to Program Eligibility and Support (PES). If an enrollment requires additional documentation, PES will contact the LIDDA who submitted the enrollment IPC.

Transfer IPCs always require a "transfer packet" to be submitted to PES. If a transfer packet requires additional documentation, PES will contact the LIDDA who submitted the transfer IPC.

A "transfer packet" submitted to PES must include:

- Request for Transfer of Waiver Program Services (form 3617)
- HCS Only: IPC – HCS/Community First Choice (CFC) (form 3608)
- TxHmL Only: IPC – TxHmL/CFC (form 8582)

If an enrollment or transfer requires utilization review, UR will contact the LIDDA who submitted the enrollment or transfer packet.

Packet/Documentation Submission Details

The most efficient mode of submission for HCS/TxHmL documentation is through the IDD Operations Portal. To learn how to register and use the IDD Operations Portal or for answers to any questions, please visit https://hhs.texas.gov/doing-business-hhs/provider-portals/resources/idd-ops-portal or email IDD_Ops_Portal@hhsc.state.tx.us. Packets may also be submitted via fax at 512-438-4249.

Questions

For questions about review packets, submitters can contact UR at 512-438-5055 or email deskURLONIPC@hhs.texas.gov.

For questions about enrollments or transfers, submitters can contact PES at 512-438-2484 or email enrollmenttransferdischargeinfo@hhs.texas.gov.

Upcoming Provider Webinar

HHSC discussed this topic on December 8th, 2022, in a webinar called "TMHP LTC Portal for HCS/TxHmL Providers and FMSAs". To access a recording of this webinar, please visit the HHS web page HCS and TxHmL Webinars and FAQs. ■

Avoiding HCS and TxHmL Overpayment of Services

Effective January 2, 2023, Texas Medicaid & Healthcare Partnership (TMHP) will perform monthly calculations on services for the Individual Plan of Care (IPC) that overlap the May 1 implementation of the new process for submitting Home and Community-based Services (HCS) and Texas Home Living (TxHmL) forms and claims. On a quarterly basis, TMHP will calculate all services that have been paid through Client Assignment and Registration system (CARE) and TMHP and will recoup services that exceed the authorized IPC amount.

To avoid overpayments and recoupments, providers, Local Intellectual or Developmental Disability Authorities (LIDDAs), consumer-directed services (CDS), and financial management services agencies (FMSAs) should ensure:

- IPC and Intellectual Disability or Related Condition (ID/RC) report with an effective date prior to May 1, 2022, which were not entered into the CARE system before close of business on April 6, 2022, are entered into both systems.
- IPC forms are corrected timely to avoid incorrect data on Medicaid Eligibility Service Authorization Verification (MESAV).
- Claims with dates of service through April 30, 2022, are submitted in CARE. Claims with dates of service beginning May 1, 2022, are submitted in TMHP.
- Units/dollar amounts are correct before submitting claims. See Clarification of Billing Units for HCS and TxHmL Hourly Services.

Providers should continue to use the CARE screen **C73-Service Delivery by Provider (PAID)** and TMHP's MESAVs to ensure services are being updated and billed correctly.

For questions regarding Individual Plan of Service Form 3608 and 8582, contact the Intellectual and Developmental Disability (IDD) Utilization Review (UR) message line at 512-438-5055.

For questions regarding CARE claims with dates of service through April 30, 2022, contact Texas Health and Human Services Commission (HHSC) Field Support for HCS and TxHmL at 1-800-214-4175, option 2.

For questions regarding TMHP claims with dates of service beginning May 1, 2022, contact the TMHP LTC Help Desk at 1-800-626-4117, option 1.

For questions about facilitating payment to HHSC for outstanding negative claims, contact HHSC Provider Recoupments and Holds at 512-438-2200, option 3. ■

Coronavirus (COVID-19)

For information about this evolving situation, visit the COVID-19 web page on the Texas Medicaid & Healthcare Partnership (TMHP) website.

Reminder for Resource Utilization Group Training Requirements

Providers are reminded that Resource Utilization Group (RUG) training is required for registered nurses (RNs) who sign assessments as complete. RNs must successfully complete the required RUG training to be able to submit Minimum Data Set (MDS) and Medical Necessity and Level of Care (MN/LOC) Assessments on the Long-Term Care Online Portal. Training is valid for two years and must be renewed by completing the online RUG training offered by Texas State University.

It can take from two to seven business days to process and report completion of RUG training from Texas State University to the Texas Medicaid & Healthcare Partnership (TMHP), depending on current volume of enrollments and completions.

To register for the RUG training, or for more information, visit www.txstate.edu/continuinged/CE-Online/RUG-Training.html. ■

Computer-Based Training on the Texas Medicaid & Healthcare Partnership Learning Management System

The following long-term care (LTC)-specific computer-based training (CBT) courses are currently available on the Texas Medicaid & Healthcare Partnership (TMHP) Learning Management System (LMS):

- LTC Online Portal Basics — This interactive CBT provides a basic overview of the LTC Online Portal, including information about creating an administrator account, and an overview of the features of the blue navigational bar and the yellow Form Actions bar. Demonstrations and simulations appear throughout the CBT to provide opportunities for an interactive experience.
- TexMedConnect for Long-Term Care (LTC) Providers — This CBT demonstrates effective navigation and use of the LTC TexMedConnect web application. Providers will learn how to:
  - Log in to TexMedConnect.
  - Verify a client's eligibility.
  - Enter, save, and adjust different types of claims.
  - Export Claim Data.
  - Find the status of a claim.
  - View Remittance and Status (R&S) Reports.
  - Accessing the TMHP LMS — The TMHP LMS can be accessed through the TMHP website or directly at learn.tmhp.com.

Providers must create an account to access the training materials on the LMS. To create an account, click **Don't have an account? Sign up here** on the LMS home page.

For questions about the LTC training CBTs and webinars, call the TMHP Contact Center at 800-626-4117 or 800-727-5436. For LMS login or access issues, email TMHP LMS support at TMHPTrainingSupport@tmhp.com. ■

Webinars Available for Nursing Facility, Hospice, Community Services Waiver Programs Providers, Local Authorities and MCOs

Long-term care (LTC) training sessions are available in webinar format. LTC providers are able to take advantage of live, online training webinars, as well as replays and recordings of those webinars, that cover topics relevant to tasks performed on the LTC Online Portal. These webinars target nursing facility (NF) and hospice providers, Community Services Waiver Programs providers, local authorities involved in NF PASRR, and managed care organizations (MCOs).

The webinars that are currently offered include:

- LTC Community Services Waiver Programs Webinar - Provides information that assists Community Services Waiver providers with using the LTC Online Portal to complete and submit the Medical Necessity and Level of Care (MN/LOC) Assessment.
- LTC Form 3618: Resident Transaction Notice and Form 3619: Medicare/Skilled Nursing Facility Patient Transaction Notice Webinar - Provides information on sequencing of documents, provider workflow process and rejection message, correcting and inactivatng forms, and what the forms are used for.
- LTC Nursing Facility Minimum Data Set (MDS) Assessment and Long-Term Care Medicaid Information (LTCMI) Webinar - Provides information on the MDS assessment LTCMI, the purpose Codes E and M, and saving the LTCMI section of the MDS assessment.
- LTC Nursing Facility PASRR Webinar, Part 1 - Provides information on the PASRR process, identifying the PCSP form, demonstrating how to request authorization to deliver specialized services using the NFSS form, and more.
- LTC Nursing Facility PASRR Webinar, Part 2 - Provides information on medical necessity, fair hearings, validations requiring provider monitoring, system and manual alerts, updating the PL1 screening form, inactivating PL1 forms, and more.
- LTC Hospice Form 3071 Election/Cancellation/Discharge Notice and 3074 Physician Certification of Terminal Illness Webinar - Provides information on the sequencing of documents, what the forms are used for, how to fill out and submit the forms, effective dates, and form pairing.
- LTC Online Portal Training for HCS and TxHmL Waiver Programs Webinar - Provides information on the features and navigation of the LTC Online Portal, management of waiver program assessments and forms in the LTC Online Portal, purpose and workflow of the forms.

For a list of webinar descriptions, upcoming broadcast dates, registration links, recordings of past webinars, and Q&A documents, visit the TMHP Learning Management System (LMS) at learn.tmhp.com. ■

Provider Information Validation on LTC Claims Began June 10, 2022

Provider information on Long-Term Care (LTC) claims will be validated using data stored in the NPPES (National Plan and Provider Enumeration System) and the TMHP Provider Enrollment and Management System (PEMS). This enhancement will ensure consistency of provider information and help avoid claim rejection. Attending provider information will be validated on **Nursing Facility** and **Intermediate Care Facility (ICF)** claims. Referring provider information will be validated on **Hospice** claims.

The following data will be validated for attending and referring providers:

- National Provider Identifier (NPI)
- Dates of service on the claim (must be within the Texas Medicaid Enrollment periods)
- Provider Type Qualifier
- First and Last Name

The deadline was extended to December 1, 2022, when the invalid attending and referring provider information began to be rejected.

Providers must be enrolled in Texas Medicaid. Providers that are not enrolled could have their LTC claims denied or rejected due to a mismatch in the claim information. The mismatches may cause submitted claims to be assigned one of the explanation of benefits (EOBs) in the following table:

EOB	EOB Description
V2254	Header Attending NPI is not enrolled in Texas Medicaid.
V2255	Header Attending Provider Entity type is invalid.
V2256	Header Attending Provider Last Name does not match the Last Name on file for the NPI.
V2257	Header Attending Provider First Name does not match the First Name on file for the NPI.
V2258	Header Referring NPI is not enrolled in Texas Medicaid.
V2259	Header Referring Provider Entity Type is invalid.
V2260	Header Referring Provider Last Name does not match the Last Name on file for the NPI.
V2261	Header Referring Provider First Name does not match the First Name on file for the NPI.

For more information about using PEMS, providers can refer to the article, "TMHP Provider Enrollment and Management System (PEMS) Training Materials Available" and Title 1 Texas Administration Code §352.5. For more information, contact the LTC Help Desk at 1-800-626-4117. ■

Recently Implemented: Form Actions Buttons No Longer Available on Converted PL1 Forms

Form Actions buttons on converted Preadmission Screening and Resident Review (PASRR) Level 1 (PL1) forms, which previously put the form(s) back into an active workflow, are no longer displayed to the users. This change helps prevent outdated or invalid data from being copied into other PASRR forms.

Users can continue to use the following Form Actions buttons:

- Print
- Print IDT
- Add Note
- Update Form (displayed for NF users only because they are documented as the PL1 submitters) ■

Recently Implemented: Two New PASRR Alerts Generated on LTC Online Portal

There are now two new Preadmission Screening and Resident Review (PASRR) alerts on the Long-Term Care (LTC) Online Portal.

NF Resident Age Alert

When the LTC Online Portal discovers that a nursing facility (NF) resident has turned 21 years of age, the following new alert is sent to the local authorities (LAs) documented on the PASRR Level 1 (PL1) Screening form:

NF resident turned 21 years old - Conduct PE

The alert will notify the LAs when a resident turns 21 years of age so they can recommend appropriate specialized services by conducting and submitting a new PASRR Evaluation (PE). The PL1 form history is automatically updated with the system-generated alert.

NF Unable to Serve Alert

When an NF certifies that they cannot meet the needs of an individual on a PL1 (via the "Unable to Serve the Individual" button), the LTC Online Portal will generate the following alert for LAs and the PASRR Unit:

NF unable to serve the person - Place person in another NF or alternate setting

This new alert notifies the LAs and the PASRR Unit, in a timely manner, that the NF has certified on the PL1 that they cannot meet the individual's needs. The LAs can then place the individual in the appropriate setting. ■

Recently Implemented: Changes to PCSP Form

The PASRR Comprehensive Service Plan (PCSP) Form has been updated to invalidate the interdisciplinary team (IDT) meeting when the documented Local Authority (LA) submits their confirmation of the IDT meeting indicating that they were not in attendance.

When an LA selects value "3. No – Did not attend" in the "Attendance Type" field (mental illness [MI] or intellectual and developmental disabilities [IDD]) of the confirmation section of the PCSP form for Initial or Annual IDT meetings and submits their confirmation, the LTC Online Portal will:

- Invalidate the meeting by updating the "Type of Meeting" to "5. Invalid," and add a corresponding note to the form history.
- Send an alert to the nursing facility to schedule a new IDT meeting, and add a corresponding note to the form history.
- Prevent the addition of Quarterly or LA Update meetings to the document locator number (DLN) of the invalidated meeting by hiding the "Add Meeting" button.
- Hide the "Update Form" and the "Edit Content" buttons after the meeting has been invalidated.
- Hide the "Confirm IDT" button from the other LA once the meeting is invalidated by the first LA confirming the IDT meeting when the person is eligible for both IDD and MI PASRR specialized services.

NFs are still able to initiate the following:

- A new Initial IDT meeting from the same PE since the system will not find the previous Initial IDT meeting after it is invalidated.
- A new Annual IDT meeting from the same or subsequent PE without checking that 11 months have passed since the meeting date of an invalidated Initial or Annual IDT meeting. ■

Recently Implemented: NFs Can Admit Individuals on Preadmission PL1 Forms With Negative PE

Nursing Facility users are now able to admit individuals to the facility by clicking the "Admitted to NF" button. This button is displayed on the Preadmission Screening and Resident Review (PASRR) Level 1 (PL1) form that is submitted with the admission type Preadmission. The "Admitted to NF" button will be present once an associated negative PASRR Evaluation (PE) form is successfully submitted. The NF is not required to certify their ability to serve the individual on the PL1 in this case.

After the "Admitted to NF" button is clicked, the system updates the status of the Preadmission PL1 to "Individual Placed in NF – PE Confirmed." Upon confirmation of the status change, form history notes are added to the PL1 indicating that the individual has been admitted to the NF. ■

Eligibility Information Available for Long-Term Care Providers and LIDDAs

As a reminder, long-term care providers and LIDDAs who are seeking eligibility information can pull Medicaid Eligibility and Service Authorization Verification (MESAV) using any of the following field combinations through TexMedConnect. This service can be accessed 24 hours a day, 7 days a week.

- Medicaid/Client No. and Last Name
- Medicaid/Client No. and Date of Birth
- Medicaid/Client No. and Social Security Number
- Social Security Number and Last Name
- Social Security Number and Date of Birth (DOB)
- Last Name, First Name, and DOB

MESAV can provide the Medicaid eligibility Program Type, Coverage Code, and Medicaid Recertification Due Date to help providers ensure appropriate and continued Medicaid eligibility for long-term care services.

Listed below are the most common eligibility types that are valid for hospice and most other long-term care programs:

Program Type	Coverage Code
Type 12, 11	P
Type 13, 51	R
Type 01, 03, 07, 08, 09, 10, 14, 15, 18, 19, 20, 21, 22, 29, 37, 40, 43, 44, 45, 46, 47, 48, 55, 61, 63, 67	R or P

Note: *The Medicaid recertification review due date is not available for all long-term care (LTC) clients, including children who are enrolled in foster care and Medicaid clients who are enrolled through Social Security (Coverage Code R, Program Type 13).*

Listed below are the Medicaid Coverage Codes and Program Types acceptable for Home and Community-based Services (HCS) or Texas Home Living (TxHmL) enrollment:

Home and Community-Based Services (HCS)			
R or P 01	R or P 15	R or P 44	R or P 82
R or P 02	R or P 18	R or P 45	R or P 87
R or P 03	R or P 19	R or P 47	R or P 91
R or P 07	R or P 20	R or P 48	R or P 92
R or P 08	R or P 21	R or P 51*	R or P 93
R or P 09	R or P 22	R or P 55	R or P 94
R or P 10	R or P 29	R or P 61	R or P 95

Home and Community-Based Services (HCS)			
R or P 12	R or P 37	R or P 70	R or P 96
R or P 13	R or P 40	R or P 79	R or P 97
R or P 14*	R or P 43	R or P 81	R or P 98

Texas Home Living (TxHmL)			
R or P 01	R or P 18	R or P 45	R or P 88
R or P 02	R or P 19	R or P 47	R or P 91
R or P 03	R or P 20	R or P 48	R or P 92
R or P 07	R or P 21	R or P 55	R or P 93
R or P 08	R or P 22	R or P 61	R or P 94
R or P 09	R or P 29	R or P 70	R or P 95
R or P 10	R or P 37	R or P 79	R or P 96
R or P 12	R or P 40	R or P 81	R or P 97
R or P 13	R or P 43	R or P 82	R or P 98
R or P 15	R or P 44	R or P 87	

Note: *MBIC R or P 88 is allowable for TxHmL ONLY. See supervisor is pending HCS enrollment has R or P 88. The only accepted Coverage Codes are R or P.*

R = Regular coverage; P = Prior coverage

T = Only pays for community care services, doesn't work for waivers. When you see that, ask for prior coverage.

Any other Medicaid Coverage Code/Program Type is not accepted in the HCS or TxHmL Waiver.

* indicates the code is accepted in HCS but not TxHmL.

For more information on TexMedConnect and utilizing MESAV, call the Texas Medicaid & Healthcare Partnership (TMHP) Long-Term Care Help Desk at 800-626-4117, Option 1. ■

Proper Handling of Medicaid Overpayments by LTC Fee-for-Service Providers

It is important for providers to follow the proper procedures when they discover a Medicaid overpayment. The correct way to refund money to the Texas Health and Human Services Commission (HHSC) for a long-term care (LTC) fee-for-service (FFS) Medicaid overpayment always starts with a claim adjustment.

Claim adjustments that have processed to Approved-to-pay (A) status will automatically refund money to HHSC by reducing payments for future billing. Claims that process to Transferred (T) status will require repayment by personal or company check or through a claim adjustment. If the adjustment claim processes to T status or the provider is no longer submitting new LTC FFS claims to offset the negative balance, then the provider should call HHSC Provider Recoupments and Holds to determine the appropriate method for returning the money. Providers should always contact HHSC Provider Recoupments and Holds before submitting a check for an overpayment.

Things to remember:

- To return an LTC FFS Medicaid overpayment to HHSC, providers should always submit an adjustment claim in TexMedConnect or through their third-party submitter. Providers should not use TMHP Form F0079 Texas Medicaid Refund Information Form to report LTC FFS overpayments. This form is exclusively used for acute-care claims.
- LTC FFS claim adjustments must include a negative claim detail to offset the original paid claim and a new claim detail to repay the claim at the correct (lower) amount. The net total of the adjustment claim must be negative.
- If they are submitted properly, LTC FFS claim adjustments to return money to HHSC will not be denied by the one-year claim filing deadline edit [Explanation of Benefits (EOB) F0250].

Some examples of overpayments that require a claim adjustment include:

- Original paid claims that were billed with too many units of service.
- Original paid claims that did not properly report LTC-relevant Other Insurance payments or coverage.
- Original paid claims that were billed with the wrong revenue code or Healthcare Common Procedure Coding System (HCPCS) code.

Contact Information

Entity	What they can do…
TMHP LTC Help Desk 800-626-4117, Option 1	Help file an adjustment claim Help providers understand their Remittance and Status (R&S) Reports
HHSC Provider Recoupments and Holds 512-438-2200, Option 3	Help facilitate payment to HHSC for outstanding negative balances (A or T claims)

Long-Term Care and 1915c Waivers Program Home Pages on TMHP.com

Long-term care (LTC) and 1915c Waivers Program have their own dedicated sections on TMHP.com. All of the content found under Long-Term Care and 1915c Waivers Program at tmhp.com is up-to-date information and resources such as news articles, LTC Provider Bulletins, User Guides, and webinar information and registration.

Additionally, there are links to the different Texas Medicaid & Healthcare Partnership (TMHP) applications such as TexMedConnect, the LTC Online Portal, the Learning Management System (LMS), and the ability to search all of TMHP.com.

To locate the Long-Term Care page or the 1915c Waivers Program page, click **Programs** at the top of tmhp.com, and then select **Long-Term Care (LTC)** or **1915c Waivers Program** from the drop-down box.

The Long-Term Care and 1915c Waivers Program home pages feature recent news articles by category and news articles that have been posted within the last seven days. At the top of the Long-Term Care home page, there is a link to the LTC Online Portal. A link to TexMedConnect can be found on the home page of tmhp.com. Both of these links require a username and password.

On the left-hand side, there are links to:

- Provider Bulletins, with links to recent Long-Term Care Provider Bulletins.
- Provider Education, which includes a link to the LMS, where providers can find multimedia training content, recorded webinars and associated question and answer (Q&A) documents, User Guides, and the TMHP YouTube channel.
- Reference Material, including General Information, User Guides, and Frequently Asked Questions.
- Forms, and form instructions, which includes the various downloadable forms needed by long-term care providers.

Providers are encouraged to frequently visit tmhp.com for the latest news and information. ■

Provider Resources Guide

The Long-Term Care (LTC) *Provider Resources Guide* is now available on the Texas Medicaid & Healthcare Partnership (TMHP) website. The guide includes a map of regional areas in Texas, along with the names and contact information of the TMHP provider relations representatives who serve each area. The *Provider Resources Guide* also contains contact information for various Texas Medicaid programs and services, including who to contact for help with specific issues that may arise for providers enrolled in Texas Medicaid. The *Provider Resources Guide* can be found on the Reference Material page for the Long-Term Care (LTC) program, in the General Information section. ■

HCS and TxHmL Service Components Limited to Billing One Unit of Service Per Day

Home and Community-based Services (HCS) and Texas Home Living (TxHmL) providers are reminded that per HCS and TxHmL Program Billing Requirements, the following service components and subcomponents are limited to billing for one unit of service per one day:

- Day Habilitation (service code 10C)
- Host Home/Companion Care (service code 18A)
- Residential Support (service code 46)
- Supervised Living (service code 47)

See the following requirement documents for more information about Policy 3520 Daily Unit of Service:

- HCS Program Billing Requirements
- TxHmL Program Billing Requirements

For questions regarding claims with dates of service on or after May 1, 2022, or claim submission to the Texas Medicaid and Healthcare Partnership (TMHP) using TexMedConnect, contact the TMHP LTC Help Desk at 800-626-4117 and choose option 1. ■

Acronyms in This Issue

Acronym	Definition
CARE	Client Assignment and Registration System
CBT	Computer-based training
CDS	Consumer-directed services
CFC	Community First Choice
DOB	Date of Birth
EOB	Explanation of Benefits
FFS	Fee-for-service
FMSAs	Financial management services agencies
HCPCS	Healthcare Common Procedure Coding System
HCS	Home and Community-based Services
HHSC	Texas Health and Human Services Commission
HHS	Texas Health and Human Services
ID/RC	Intellectual Disability or Related Condition
IDD	Intellectual and Developmental Disability
ID	Intellectual Disability
IPC	Individual Plan of Care
LIDDAs	Local Intellectual or Developmental Disability Authorities
LMS	Learning Management System
LTC	Long-Term Care
MCOs	Managed care organizations
MDS	Minimum Data Set
MESAV	Medicaid Eligibility and Service Authorization Verification
MN/LOC	Medical Necessity and Level of Care
NPPES	National Plan and Provider Enumeration System
NF	Nursing facility
NPI	National Provider Identifier
OT	Occupational Therapy
PASRR	Preadmission Screening and Resident Review

Acronym	Definition
PEMS	Provider Enrollment and Management System
PE	PASRR Evaluation
PAS/Hab	Personal Assistance Services/Habilitation
PES	Program Eligibility and Support
PL1	PASRR Level 1
PT	Physical Therapy
Q&A	Question and answer
R&S	Remittance and Status
RNs	Registered nurses
RUG	Resource Utilization Group
TMHP	Texas Medicaid & Healthcare Partnership
TxHmL	Texas Home Living
UR	Utilization Review